



Scholarship Applicant:

Enclosed you will find our Scholarship Policy and the Scholarship Application. Please fill out the registration form portion of the camp brochure and the Scholarship Application and mail them to us.

Please let me know if you have any questions regarding the process.

Sincerely,
Jennifer Hill
Program Director, WCRC

Scholarship Policy

Williamsburg Christian Retreat Center will pay up to but not exceeding 60% of registration fees pending approval. In cases of extreme hardship WCRC will make an effort to find additional assistance for the remaining 40%.

The person making the request, their parent, pastor, or social worker should complete this application.

A committee consisting of WCRC's Executive Director, Guest Services Director, and Program Director will review applications for assistance and will determine eligibility. If approved, the person submitting the application will be notified within 20 days.

A Scholarship Application must be submitted at least 30 days prior to the retreat reservation, camp, or program date. Include all information requested. All information is confidential.

Application Process

Fill out the form and mail it to:

WCRC
9275 Barnes Road
Toano, VA 23168

Or fax the completed form to the number below with "Scholarship" in the subject line.

NOTE: Approval for a scholarship does not automatically register a person for camp or a program. Please be sure to complete a registration form.

9275 Barnes Road, Toano, Virginia 23168
Phone 757-566-2256 // **Fax** 757-566-4875 // **Email** programs@wcrcc.info



Scholarship Application

Name and dates of program _____

Name of person being funded _____

Church _____

Parent/Guardian's Name (if applicable) _____

Address _____

City _____ State _____ Zip Code _____

Daytime phone number () _____ - _____

Evening phone number () _____ - _____

Reason for requesting a scholarship _____

Amount Requesting: \$ _____

Has the church listed above been approached about this need? yes no

Name of person submitting application _____

Phone number () _____ - _____

Your relation to applicant (check one):

Parent or Guardian Pastor Social Worker Other _____

Below, please list a reference who is aware of and can verify this need:

Name _____

Address _____

City _____ State _____ Zip Code _____

Daytime phone number () _____ - _____

Signature of person submitting application

Date